May-17-05 06:22pm From-COHEN NORRIS SCHERER 561-84

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State
05-20-2005 90033 029 ***150.00

DOCUMENT # P97000024519

1. Entity Name
IRAFLEX, INC.

Principal Place of Business	Mailing Address
3356 NE 42ND COURT FT LAUDERDALE, FL 33308	3356 NE 42ND COURT FT LAUDERDALE, FL 33308

05172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
270 SE 8TH STREET	270 SE 8TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL 33060	City & State: Pompano Beach, FL 33060
Zip / Country	Zip / Country

4. FEI Number 42-1627859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FETISOV, ALEXANDER
3356 NE 42ND COURT
FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: MIKHAIL FETISOV
Street Address (P.O. Box Number is Not Acceptable): 270 SE 8TH STREET
POMPANO BEACH, FL 33060
City: POMPANO BEACH, FL Zip Code 33060

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 5.18.05

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FETISOV, MIKHAIE 3356 NE 42ND COURT FT LAUDERDALE, FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD. Fetisov, MIKHAIL 270 SE 8th. st. Pompano Bh. FL. 33060 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FETISOU, ALEXANDER 3356 NE 42ND COURT FT LAUDERDALE, FL 33308 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MIKHAIL FETISOV, DIRECTOR/PRES. 954.785.0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #